



Denver Public Schools
SIT Body of Evidence for Literacy

To be completed by the Designated Consultant and Classroom Teacher



Student Name: _____ Grade: _____ ID: _____ DOB: _____
Referring Person: _____ Date: _____

What is the concern? Please attach ILP and all applicable data (complete information below ONLY if not reflected on ILP).

Classroom Assessment Data: (eg. student work, observations, anecdotal information, classroom tests, attendance)

State/District Assessment Data:

CSAP:	CELA:
DPS Benchmark:	SRI:
DRA 2/EDL:	DIBELS/AIMSweb Benchmark:
Other:	IDEL/MIDE:

Targeted Assessment Data: (e.g. phonics survey, spelling inventory)

Progress Monitoring Data:

Assessment Tool: _____
Outcome Goal: _____
Date/Data: ____/____ ____/____ ____/____ ____/____ ____/____

Assessment Tool: _____
Outcome Goal: _____
Date/Data: ____/____ ____/____ ____/____ ____/____ ____/____

Areas of Strength:

Most Significant Concern:

How does data compare to class peers?

Accommodations:

- ☐ Multi-sensory Strategies
- ☐ Additional Time
- ☐ Frequent Checks
- ☐ Additional Practice
- ☐ Seating Change
- ☐ Timer
- ☐ Frequent Checks for Understanding
- ☐ Decodable Phonics
- ☐ Fluency/Speed Drills
- ☐ Other: _____

Research Based Interventions:

Name:

Duration:

Intensity:

Group Size:

Results:

Attach if Appropriate:

- ☐ ILP
- ☐ Evidence and outcomes of all accommodations
- ☐ Progress Monitoring Charts
- ☐ Assessment Information
- ☐ Classroom Observations
- ☐ IC Data
- ☐ Work Samples
- ☐ Other Pertinent Data: _____